

**MARYLAND MEDICAID
UB-92 BILLING INSTRUCTIONS**

**HOME HEALTH
SERVICES**

**THESE INSTRUCTIONS ARE FOR PAPER CLAIMS
ONLY**

UB-92 Home Health Billing Instructions

NOTE: These billing instructions are for billing paper claims only.

For information on electronic billing, please refer to Home Health section of the National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Claim: Institutional 837.

BILLING TIME LIMITATIONS

Invoices must be received within nine (9) months of the month of service on the invoice. If a claim is received within the 9-month limit but rejected, resubmission will be accepted within 60 days of the date of rejection or within 9 months of the month of service, whichever is longer. If a claim is rejected because of late receipt, the patient may not be billed for that claim. If a claim is submitted and neither a payment nor a rejection is received within 90 days, the claim should be resubmitted.

OTHER THIRD-PARTY RESOURCES

All other third-party resources should be billed first and payment either received or denied before the Medical Assistance Program may be billed for any portion not covered. However, if necessary to meet the 9-month deadline for receipt of the claim(s), the Medical Assistance Program may be billed first and then reimbursed if the third-party payer makes payment later.

It is preferred that invoices be typed. If printed, the entries must be legible and in black or blue ink only. Do not use pencil or a red pen to complete the invoice. Otherwise, payment may be delayed or the claim rejected. The instructions that follow are keyed to the form locator number and headings on the UB-92 form.

Completed invoices are to be mailed to the following address:

Maryland Medical Assistance Program
Division of Claims Processing
P.O. Box 1935
Baltimore, MD 21203

REQUIRED FIELDS HAVE FIELD NUMBER AND NAME
BOLDED & UNDERLINED

FL 1 **(Untitled)**

Provider name, address, zip code, and telephone number.

Line 1 - Enter the provider name filed with the Medical Assistance Program.

Line 2 & 3 - Enter the address to which the invoice should be returned if it is rejected due to provider error.

NOTE: Checks and remittance advices are sent to the provider's address as it appears in the Program's provider master file.

Line 4 - Enter provider area code and phone number (optional).

FL 2 **(Untitled)**

DO NOT USE. This field has been assigned by Maryland Medicaid for internal use only. (ICN- Invoice Control Number)

FL 3 **Patient Control Number**

Enter the patient's control number assigned to the patient by the provider. A maximum of 11 positions will be returned on the remittance advice to the provider. The provider should assign each patient a unique number.

FL 4 **Type of Bill**

This three-digit numeric code gives three specific pieces of information. The first digit identifies the type of facility. The second classifies the type of care. The third digit indicates the bill sequence for this particular episode of care and is referred to as a "frequency" code. All three digits are required to process a claim. The code structure must be entered as follows: the first and second digits are 3 and the third digit is a 1 (i.e. Enter "331").

FL 5 **Federal Tax No.**

Not required

FL 6 **Statement Covers Period (From - Through)**

Enter the "From" and "Through" dates covered by the services on the invoice (MMDDYY). Statement covers period dates must match the dates reflected in field 45.

- FL 7** **Covered Days**
- Not required
- FL 8** **Non-covered Days**
- Not required
- FL 9** **Co-insurance Days**
- Not required
- FL 10** **Lifetime Reserve Days**
- Not required
- FL 11** **Untitled**
- Not required
- FL 12** **Patient Name**
- Enter the patient's name as it appears on the Medical Assistance card: last name, first name, and middle initial. (Please print this information clearly.)
- FL 13** **Patient Address**
- Optional
- FL 14** **Patient Birth Date**
- Not required
- FL 15** **Patient Sex**
- Not required
- FL 16** **Patient Marital Status**
- Not required
- FL 17** **Admission/Start of Care Date**
- Not required
- FL 18** **Admission Hour**
- Not required

FL 19	<u>Type of Admission</u>
	Not required
FL 20	<u>Source of Admission</u>
	Not required
FL 21	<u>Discharge Hour</u>
	Not required
FL 22	<u>Patient Status</u>
	Not required
FL 23	<u>Medical Record Number</u>
	Optional
FL 24-30	<u>Condition Codes</u>
	Not required
FL 31	<u>Untitled</u>
	Not required
FL 32 a-b	<u>Occurrence Codes and Dates</u>
	Use code “25” if applicable. That is, code 25 indicates a third party liability denial other than Medicare.
FL 33 - 35 a - b	<u>Occurrence Codes and Dates</u>
	Not required
FL 36 a - b	<u>Occurrence Span Codes and Dates</u>
	Not required
FL 37	<u>Internal Control Number (ICN)/Document Control Number (DCN)</u>
	Not required
FL 38	<u>Untitled</u>

Not required

FL 39-41 a-b Value Codes and Amounts

Not required

FL 42 Revenue Codes – See Attachment

FOR SERVICE DATES PRIOR TO DECEMBER 1, 2004

Enter the four-digit revenue code and show the corresponding local HCPCS procedure code in field 44 from the attached table that crosswalks current procedure codes to revenue codes. After the last set of codes, enter revenue code 0001 – Total Charge.

FOR SERVICE DATES BEGINNING DECEMBER 1, 2004

Enter the appropriate four-digit revenue code only from the chart below that crosswalks procedure codes to revenue codes. After the last code, enter revenue code 0001 – Total Charge. To assist in bill review, revenue codes should be listed in ascending numeric sequence with the exception of “0001 - Total Charge” which should always be last.

NOTE: Each revenue code may be used more than once when billing with a date of service. Line item billing methodology is correct.

FL 43 Revenue Descriptions

Optional

FL 44 HCPCS/RATES

See FL 42 for requirements.

FL 45 Service Date

Enter the service date as “MM DD YY”
All requested dates must be within “from thru dates” in field 6.

FL 46 Service Units

Enter the number of units of service on the line adjacent to the revenue code. There must be a unit of service for every revenue code except 0001.

Up to three numeric digits may be entered.

FL 47 **Total Charges**

Sum the total covered charges for the billing period by revenue code (FL 42) and enter them on the adjacent line in FL 47.

The last revenue code entered in FL 42 is 0001 which represents the grand total of all charges billed. Sum column 47 on the adjacent line. Each line allows up to nine numeric digits (0,000,000.00).

FL 48 **Non-Covered Charges**

Not required

FL 49 **Untitled**

Not required

FL 50 a,b,c **Payer Identification**

First line, 50A, is a Primary Payer Identification. Second Line, 50B, is Secondary Payer Identification. Third line, 50C, is Tertiary Payer Identification. Multiple payers should be listed in priority sequence according to the priority the provider expects to receive payment from these payers.

NOTE: Medicaid should be the last entry in this field if other payers are listed.

FL 51 a,b,c **Medical Assistance Provider Number**

Enter the 9-digit provider number assigned by the Medical Assistance Program.

NOTE: If other provider numbers are listed, then the Medical Assistance provider number should be the last entry in this field.

FL 52 a,b,c **Release of Information Certification Indicator**

Not required

FL 53 a,b,c **Assignment of Benefits Certification Indicator**

Not required

FL 54 a,b,c **Prior Payments - Payer and Patients**

Enter the amount paid by any third-party insurer. These amounts should be entered on lines a,b,or c according to payer in FL 50

NOTE: Do not report Medicare's payment in this field.

FL 55 a,b,c Estimated Amount Due

Not required

FL 56 Untitled

Not required

FL 57 Untitled

Not required

FL 58 a,b,c Insured's Name

Enter the insured's name

FL 59 a,b,c Patient Relationship to Insured

Not required

FL 60 Certificate/SSN/HIC/ID Number

Enter the Medical Assistance number of the insured as it appears on the Medical Assistance card.

REMINDER: Providers may verify a patient's current Medical Assistance eligibility by calling the Eligibility Verification Services (EVS) line:

Baltimore Metropolitan Area: (410) 333-3020

Toll-Free Long Distance: 1-800-492-2134

If the patient does not have his Medicaid identification card, a provider may call (410) 767-5503, or 1-800-445-1159, enter their provider number, give the patient's full name, address, social security number, and date of birth to obtain the Medical Assistance number.

FL 61 Insured's Group Name

Enter Insured's Group Name

FL 62 Insurance Group Number

Not required

FL 63 Treatment Authorization Codes

Enter the preauthorization number when appropriate.

FL 64 a,b,c Employment Status Code

Not required

FL 65 Employer Name

Not required

FL 66 Employer Location

Not required

FL 67 Principal Diagnosis Code

Enter the full ICD-9-CM code describing the principal diagnosis.

Always code to the most specific level possible but do not enter any decimal points when recording codes on the UB-92.

FL's 68-75 Other Diagnosis Codes

Optional

Enter the ICD-9-CM diagnoses codes corresponding to additional conditions that co-exist.

FL 76 Admitting Diagnosis

Not required

FL 77 External Cause of Injury Code (E-Code)

Not required

FL 78 Untitled

Not required

FL 79 Procedure Coding Method Used

Not required

FL 80 Principal Procedure Code and Date

Not required

FL 81 a-e Other Procedure Codes and Dates

Not required

FL 82 Attending Physician Identification Number

Enter the 9-digit Medical Assistance provider number of the patient's attending physician. If the attending physician has a Medical Assistance provider number but it is not known/available, enter "999995700".

FL 83 **Other Physician Identification Number**

Not required

FL 84 **Remarks**

Not required

FL 85 **Provider Representative Signature**

Not required

FL 86 **Date Bill Submitted**

Complete this field with the 6-digit date billed (MM DD YY).